



ANHYDROUS AMMONIA TANK LOCK PROGRAM REIMBURSEMENT FORM
NORTH DAKOTA INSURANCE DEPARTMENT
(August 2005)

Name of nurse tank owner:

Address:

Serial number of tank:

If reimbursement request is by an owner/operator, please include the following:

Name of facility:

Address of facility:

Please also submit a copy of a proof of purchase for the lock(s), such as a sales receipt and mail it to:

ND Insurance Department
Anhydrous Ammonia Tank Lock Program
425 North Fifth Street
Bismarck, ND 58501

Or fax it to:

701.328.9610

Or email it to:

jbitz@state.nd.us